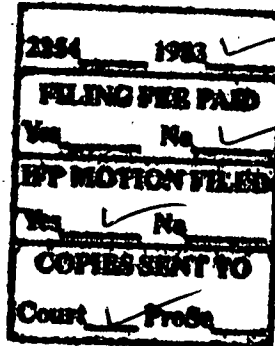


Daniel David Courson
(Name)

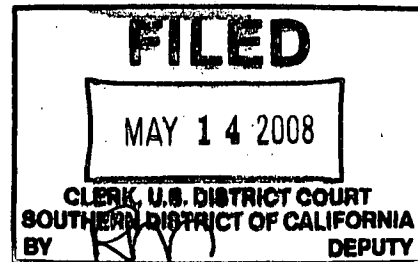
Fl-5-202, P.O. Box 799001
(Address)

San Diego, CA 92179
(City, State, Zip)

F69760
(CDC Inmate No.)



ORIGINAL



**United States District Court
Southern District of California**

Daniel David Courson,
(Enter full name of plaintiff in this action.)

Plaintiff,

v.

San Diego Sheriff's Deputies,
Cochran, Espinoza,

(Enter full name of each defendant in this action.)

Defendant(s).

'08 CV 0871 JAH LSP

Civil Case No. _____
(To be supplied by Court Clerk)

Complaint under the
Civil Rights Act
42 U.S.C. § 1983

A. Jurisdiction

Jurisdiction is invoked pursuant to 28 U.S.C. § 1343(a)(3) and 42 U.S.C. § 1983. If you wish to assert jurisdiction under different or additional authority, list them below.

B. Parties

1. Plaintiff: This complaint alleges that the civil rights of Plaintiff, Daniel D. Courson,
(print Plaintiff's name)
_____, who presently resides at RJD State Prison,
(mailing address or place of confinement)
Fl-5-202, P.O. Box 799001, San Diego, CA 92179 were violated by the actions
of the below named individuals. The actions were directed against Plaintiff at George
Bailey Detention Facility on (dates) 03-18-07, _____, and _____
(institution/place where violation occurred) (Count 1) (Count 2) (Count 3)

2. Defendants: (Attach same information on additional pages if you are naming more than 4 defendants.)

Defendant S.D. Sheriff's Dep. Cochran resides in San Diego,
(name) (County of residence)
 and is employed as a SD County Sheriff's Deputy. This defendant is sued in
(defendant's position/title (if any))
 his/her ☒ individual ☐ official capacity. (Check one or both.) Explain how this defendant was acting
 under color of law: Deputy Cochran was employed in his official position
as a San Diego Sheriff's Deputy at George Bailey Detention
Facility during the incident.

Defendant S.D. Sheriff's Dep. Espinoza resides in San Diego,
(name) (County of residence)
 and is employed as a SD County Sheriff's Deputy. This defendant is sued in
(defendant's position/title (if any))
 his/her ☒ individual ☐ official capacity. (Check one or both.) Explain how this defendant was acting
 under color of law: Deputy Sergeant Espinoza was employed in his official
position as a San Diego Sheriff's Deputy at George Bailey
Detention Facility during the incident.

Defendant _____ resides in _____,
(name) (County of residence)
 and is employed as a _____. This defendant is sued in
(defendant's position/title (if any))
 his/her ☐ individual ☐ official capacity. (Check one or both.) Explain how this defendant was acting
 under color of law: _____

Defendant _____ resides in _____,
(name) (County of residence)
 and is employed as a _____. This defendant is sued in
(defendant's position/title (if any))
 his/her ☐ individual ☐ official capacity. (Check one or both.) Explain how this defendant was acting
 under color of law: _____

C. Causes of Action (You may attach additional pages alleging other causes of action and the facts supporting them if necessary.)

Count 1: The following civil right has been violated: my right to freedom from
(E.g., right to medical care, access to courts,
cruel and unusual punishment was violated.
due process, free speech, freedom of religion, freedom of association, freedom from cruel and unusual punishment, etc.)

Supporting Facts: [Include all facts you consider important to Count 1. State what happened clearly and in your own words. You need not cite legal authority or argument. Be certain to describe exactly what each defendant, by name, did to violate the right alleged in Count 1.]

The deprivation of my federal right to be free from cruel and unusual punishment occurred at George Bailey Detention Facility (GBDF) in San Diego, CA by Deputy Cochran on 03-18-07, while he was acting under color of law as a S.D. County Sheriff's Deputy, and Sergeant Espinoza in the same manner.

On 03-18-07, I was standing in the dayroom of module 5C, having a conversation with Dep. Cochran through the main module gate, regarding my recent rule violation for hanging a towel incorrectly in my cell (235). Dep. Cochran had called my cell-mate, Tom Orsingher, and I to the gate to receive a copy of the incident report. I attempted to ask Dep. Cochran how I should hang my towel in my cell to avoid breaking a rule. He responded by calling me a "fucking dumbass" repeatedly. He indicated the discussion was over, and opened the sliding gate. Mr Orsingher and I began to walk back to our cell. After 2-3 steps, I recalled that I had not received a copy of the incident report. I turned back toward Dep. Cochran, and politely asked him for the report. We were about 5-10 ft. from the front wall of the module. I made no threatening gestures whatsoever as I asked him, "May I please have my report?". Dep. Cochran responded, saying, "That's it, Courson!", and grabbed me forcefully, violently pushing me with his arms into the concrete front wall. I heard and felt a "pop" along with severe pain in my right shoulder, as my right side collided with the wall. I was quickly handcuffed and taken to a

(continued on following page)

Continuation of section C, count 1 (page 3)

holding cell. The entire episode was witnessed by inmate Doug Witcher.

I told Dep. Cochran about the pain, and was ignored. I later told Sergeant Espinoza about my pain, as he was interviewing me 3 hours later in the holding cell. He told me he would "look into it", and would "eventually" provide me with medical care. I asked for a camera to photograph bruising on my right shoulder, but was denied by Sgt. Espinoza. I was then moved to a disciplinary isolation cell.

My shoulder pain was severe at this point, keeping me from sleeping. I called the deputies on the cell intercom, requesting medical care, but was repeatedly told to "wait until the segeant arrives. When I asked the deputy his name over the intercom, he said his name was "Sgt. Bob", and proceeded to mock me for my alleged crimes. I have been diagnosed with Bipolar type I, and have been taking psychiatric medications for 5 years, including during my incarceration at GBDF. The mental anguish of suffering a serious injury at the hands of a deputy sheriff, delay of medical care, being mocked by other deputies, and severe shoulder pain drove me into a deep depression.

I was finally seen 03-29-07 for my injury. X-rays were taken and pain medications prescribed. However, the pain persisted and I filed 3 medical request forms with no response. I filed an inmate grievance form on 4-15-07 pleading for a follow up visit.

I was then transferred to R.J. Donovan STATE Prison on 04-17-07. I was seen at RJD by an orthopedic surgeon (Dr. Smith), and an MRI revealed tears of 3 out of 4 rotator cuff tendons and a possible labral tear in my right shoulder. Dr. Smith has reccommended surgical repair. Before surgery could be scheduled, I was transferred to Orange County Central Jail on 9/07/07, and returned to RJD on 3/21/08. I was unable to do any legal work or file a complaint during this time. I am scheduled for a follow up with the surgeon here at RJD State Prison. The pain continues to be severe in my shoulder, and my range of motion is restricted.

The excessive force used by Dep. Cochran without provocation, resulting in a serious injury, requiring surgical repair, was a violation of my right to be free from cruel and unusual punishment. My right to adequate medical care was delayed by Sgt. Espinoza. I have suffered severe shoulder pain, contributing to my prolonged depression. I have not been able to exercise, and my ability to use my dominant arm in employment is at risk.

D. Previous Lawsuits and Administrative Relief

1. Have you filed other lawsuits in state or federal courts dealing with the same or similar facts involved in this case? ☐ Yes ☒ No.

If your answer is "Yes", describe each suit in the space below. [If more than one, attach additional pages providing the same information as below.]

(a) Parties to the previous lawsuit:

Plaintiffs: _____

Defendants: _____

(b) Name of the court and docket number: _____

(c) Disposition: [For example, was the case dismissed, appealed, or still pending?] _____

(d) Issues raised: _____

(e) Approximate date case was filed: _____

(f) Approximate date of disposition: _____

2. Have you previously sought and exhausted all forms of informal or formal relief from the proper administrative officials regarding the acts alleged in Part C above? [E.g., CDC Inmate/Parolee Appeal Form 602, etc.] ? ☒ Yes ☐ No.

If your answer is "Yes", briefly describe how relief was sought and the results. If your answer is "No", briefly explain why administrative relief was not sought.

Immediately after the 03-18-07 incident, I verbally
advised Sgt. Espinoza of my shoulder injury due to excessive
force. He told me he would "look into it", and would
"eventually" provide me with medical care. On 03-21-07 I filed
a formal J-22 Inmate Grievance Form, detailing the incident and
again requesting medical attention. From 03-18-07 to 03-29-07,
I tried several times, unsuccessfully, to obtain medical request
forms from floor deputies in isolation module 5A. After my
initial medical evaluation for the injury on 03-29-07, I filled
out 3 requests for a follow up visit due to pain, and an

Continuation of section D.2., page 6:

inmate grievance form (J-22), seeking a follow up visit for my shoulder injury, filed 04-15-07. Before additional formal and informal relief was sought, I was transferred to RJD state prison on 04-17-07. During my time at GBDF from 03-18-07 to 04-17-07, I was never contacted by administrative officials regarding this incident, despite my submission of two inmate grievance forms and multiple verbal requests to floor deputies and sergeants for follow up.

After being transferred to state prison, I was interviewed by SD Sheriff's Dept. Sgt. Rosen on 08-17-07 at RJ Donovan state prison. She recorded my responses to her inquiries regarding the incident on 03-18-07 with Dep. Cochran.

E. Request for Relief

Plaintiff requests that this Court grant the following relief:

1. An injunction preventing defendant(s): _____

2. Damages in the sum of \$ 50,000

3. Punitive damages in the sum of \$ 50,000

4. Other: _____

F. Demand for Jury Trial

Plaintiff demands a trial by ☒ Jury ☐ Court. (Choose one.)

G. Consent to Magistrate Judge Jurisdiction

In order to insure the just, speedy and inexpensive determination of Section 1983 Prisoner cases filed in this district, the Court has adopted a case assignment involving direct assignment of these cases to magistrate judges to conduct all proceedings including jury or bench trial and the entry of final judgment on consent of all the parties under 28 U.S.C. § 636(c), thus waiving the right to proceed before a district judge. The parties are free to withhold consent without adverse substantive consequences.

The Court encourages parties to utilize this efficient and expeditious program for case resolution due to the trial judge quality of the magistrate judges and to maximize access to the court system in a district where the criminal case loads severely limits the availability of the district judges for trial of civil cases. Consent to a magistrate judge will likely result in an earlier trial date. If you request that a district judge be designated to decide dispositive motions and try your case, a magistrate judge will nevertheless hear and decide all non-dispositive motions and will hear and issue a recommendation to the district judge as to all dispositive motions.

You may consent to have a magistrate judge conduct any and all further proceedings in this case, including trial, and the entry of final judgment by indicating your consent below.

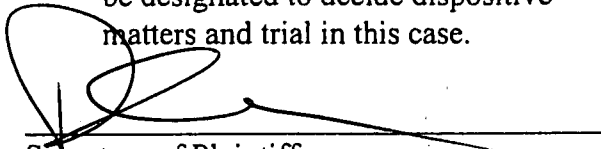
Choose only one of the following:

☒ Plaintiff consents to magistrate judge jurisdiction as set forth above.

OR

☐ Plaintiff requests that a district judge be designated to decide dispositive matters and trial in this case.

5/12/08
Date


Signature of Plaintiff

PROOF OF SERVICE BY MAIL

STATE OF CALIFORNIA)
) SS
COUNTY OF SAN DIEGO)

[C.C.P. §§ 446, 2015.5; 28 U.S.C. §1746]

I, Daniel D. Courson, am a resident of the State of California and am over the age of eighteen years and am not a party to the above-entitled action. My address is listed below.

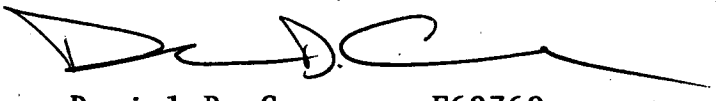
On 5/12/08, I served the following documents:

1. Complaint under the Civil Rights Act of 42 U.S.C. § 1983: Daniel David Courson v. Cochran, Espinoza.
2. Motion and declaration under penalty of perjury in support of motion to proceed In Forma Pauperis.

by placing a true copy thereof enclosed in a sealed envelope with First Class postage thereon fully prepaid in the United States Mail by delivering to prison officials for processing through the Institution's internal legal mail system at San Diego California, addressed as follows::

Clerk of U.S. District Court
Room 4290
880 Front Street
San Diego, CA 92101-8900

I declare under penalty of perjury under the laws of the State of California and the United States of America that the foregoing is true and correct. Executed in the County of San Diego, California on 5/12/08


Daniel D. Courson F69760

RJD State Prison F1-5-301u

P.O. Box 799001

San Diego, CA 92179-9001

Pursuant to the holding of the United States Supreme Court in Houston v. Lack 108 S. Ct. 2379, 487 U.S. 266, 101 L.Ed.2d 245 (1988) and FRAP, Rule 4 (c) inmate legal documents are deemed filed on the date they are delivered to prison staff for processing and mailing via the Institution's internal legal mail procedures.

EXHIBIT COVER PAGE

A

EXHIBIT

DESCRIPTION OF THIS EXHIBIT:

Declaration|Affadavit of witness Doug Witcher.

NUMBER OF PAGES TO THIS EXHIBIT: 1 **PAGES.**

JURISDICTION: (Check only one)

- ☐ CDCR Administrative Appeal
- ☐ California Victim Compensation
And Government Claims Board
- ☐ Municipal Court
- ☐ Superior Court
- ☐ Appellate Court
- ☐ State Supreme
- ☒ United States District Court
- ☐ United States Circuit Court
- ☐ United States Supreme Court

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address): Daniel D. Courson F69760 Fl-3-240u P.O. Box 799001 San Diego, CA 92179-9001		TELEPHONE NO.:	FOR COURT USE ONLY
NAME OF COURT:			
STREET ADDRESS:			
MAILING ADDRESS:			
CITY AND ZIP CODE:			
BRANCH NAME:			
PLAINTIFF/PETITIONER:			
DEFENDANT/RESPONDENT:			
DECLARATION		CASE NUMBER:	

Without coercion, reward, or benefit, I, Doug Witcher make the following statement:

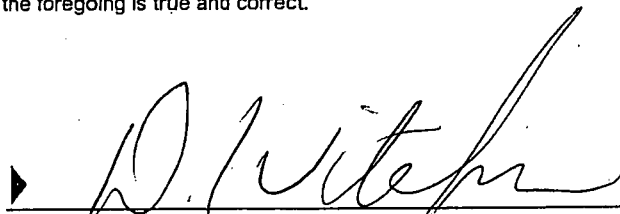
While an inmate in module 5C at George Bailey Detention Facility (GBDF) on 3-18-07, I observed an incident involving inmate Daniel Courson and Deputy Cochran in the dayroom of module 5C. At the time I was locked in my cell, with a clear view through my cell door window of an interaction between Mr. Courson, Thomas Orsingher (inmate), and Dep. Cochran. I observed Mr. Courson and Mr. Orsingher talking with Dep. Cochran through the main module gate. The gate then opened as Mr. Courson and Mr. Orsingher began to walk back to their cell. Mr. Courson then turned back to Dep. Cochran to ask a question, and he was approximately 10 feet away from the deputy. Mr. Courson made absolutely no threatening or aggressive movement or gestures. Suddenly Dep. Cochran grabbed Mr. Courson from the left side and slammed him very forcefully into a nearby concrete wall, onto his right shoulder. Mr. Courson nearly fell from the force of the impact. I was surprised to see Mr. Courson so violently handled, as he was known as a quiet, respectful inmate. He appeared to be in pain as he was handcuffed and taken out of module 5C.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: 6/26/07

..... Doug Witcher
(TYPE OR PRINT NAME)

CDC # V92508


(SIGNATURE OF DECLARANT)

☐ Petitioner/Plaintiff ☐ Respondent/Defendant ☐ Attorney
☐ Other (specify):

(See reverse for a form to be used if this declaration will be attached to another court form before filing).

EXHIBIT COVER PAGE

B

EXHIBIT

DESCRIPTION OF THIS EXHIBIT:

Inmate Grievance Forms relating to incident and injury.

NUMBER OF PAGES TO THIS EXHIBIT: 2 **PAGES.**

JURISDICTION: (Check only one)

- ☐ CDCR Administrative Appeal
- ☐ California Victim Compensation
And Government Claims Board
- ☐ Municipal Court
- ☐ Superior Court
- ☐ Appellate Court
- ☐ State Supreme
- ☒ United States District Court
- ☐ United States Circuit Court
- ☐ United States Supreme Court



San Diego County SHERIFF'S DEPARTMENT

INMATE GRIEVANCE FORM FORMA DE QUEJA DE PRESO

☐ SDCJ ☐ DDF ☒ GBDF ☐ EMDF ☐ LCDF ☐ SBDF ☐ VDF

From: Cochran, Daniel David 6441556 SA - 109
De: Name (Last, First, Middle) Booking Number Housing unit
Nombre (Ultimo, Primero, Segundo) Número de ficha Unidad de alojamiento

Grievance is about: ☒ Jail Procedures ☐ Jail Conditions ☒ Medical ☐ Other
La queja es acerca de: Procedimientos de la Cárcel Condiciones de la Cárcel Médico Otro

Date and Time of Incident: 3/18/07 0130
Fecha y hora del incidente:

Describe the reason for your grievance in your own words. Please be specific. (Use additional sheets if necessary)
Describe la razón de su queja en sus propias palabras. Por favor sea específico. (Use hojas adicionales si es necesario)

I was standing in the dayroom, trying to have a civil discussion with Dep. Cochran regarding my alleged illegal hanging of a towel. I asked Dep. Cochran, "May I have my paperwork back?" At which point my right shoulder and arm were gripped tightly and yanked, and my shoulder was slammed against a wall. I heard a felt a pop in my shoulder. I told Dep. Cochran about the pain, and was ignored. I told the Sgt. about it, a way ignored. Again I tried on 3/20/07, and the Dep. on the box said he was "Sgt. Bob" and instead decided to pick me for my crimes. The incident with Dep. Cochran was witnessed by Dep. Senenella (sp?), inmate Tom Orsinger, & several inmates. I have requested a camera to document bruising and was denied several times.

D. Cochran 3/21/07 This incident should
Inmate Signature Date be documented on
Firma de Preso Fecha the dayroom video.

BOX BELOW IS FOR OFFICIAL USE ONLY

Received by:	<u>[Signature]</u>	<u>3102</u>	<u>3-21-07</u>	<u>1200</u>
	Signature of receiving staff member	ARJIS #	Date	Time
Entered in JIMS:				
	Date	Time	JIMS Grievance Number	
Routed to:				
	Print name of individual or unit	Date	Time	
<input type="checkbox"/> This is not a grievance: <input type="checkbox"/> This is an inmate request—resolve appropriately. (No entry in JIMS.) <input type="checkbox"/> This is an appeal of discipline—JIMS Incident # _____ <input type="checkbox"/> This is a complaint against staff—handle appropriately. (No entry in JIMS.)				



San Diego County SHERIFF'S DEPARTMENT

INMATE GRIEVANCE FORM FORMA DE QUEJA DE PRESO

☐ SDCJ ☐ DDF ☒ GBDF ☐ EMDF ☐ LCDF ☐ SBDF ☐ VDF

From: Courson, Daniel, David 6441556 SB
De: Name (Last, First, Middle) Booking Number Housing unit
Nombre (Ultimo, Primero, Segundo) Número de ficha Unidad de alojamiento

Grievance is about: ☐ Jail Procedures ☐ Jail Conditions ☒ Medical ☐ Other
La queja es acerca de: Procedimientos de la Cárcel Condiciones de la Cárcel Médico Otro

Date and Time of Incident:
Fecha y hora del incidente:

Describe the reason for your grievance in your own words. Please be specific. (Use additional sheets if necessary)
Describe la razón de su queja en sus propias palabras. Por favor sea específico. (Use hojas adicionales si es necesario)

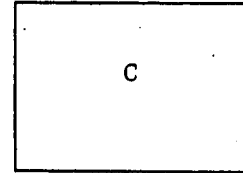
I have placed 3 requests for a follow up visit
for a very painful shoulder. The last one was placed
one week ago, and the other 2 the previous 2 weeks.
My Motrin was discontinued 2 weeks ago. I have
heard nothing in over 3 weeks. please contact medical
for a follow up as soon as possible. Thank you.

[Signature] 4/16/07
Inmate Signature Date
Firma de Preso Fecha

BOX BELOW IS FOR OFFICIAL USE ONLY

Received by:	<u>DOUGLAS</u>	<u>496</u>	<u>04-15-07</u>	<u>1035</u>
	Signature of receiving staff member	ARJIS #	Date	Time
Entered in JIMS:			JIMS Grievance Number	
	Date	Time		
Routed to:	<u>MEDICAL</u>			
	Print name of individual or unit	Date	Time	
<input type="checkbox"/> This is not a grievance: <input type="checkbox"/> This is an inmate request—resolve appropriately. (No entry in JIMS.) <input type="checkbox"/> This is an appeal of discipline—JIMS Incident # _____ <input type="checkbox"/> This is a complaint against staff—handle appropriately. (No entry in JIMS.)				

EXHIBIT COVER PAGE



EXHIBIT

DESCRIPTION OF THIS EXHIBIT:

Medical records relating to incident and shoulder injury, requiring surgery.

NUMBER OF PAGES TO THIS EXHIBIT: 11 **PAGES.**

JURISDICTION: (Check only one)

- ☐ CDCR Administrative Appeal
- ☐ California Victim Compensation
And Government Claims Board
- ☐ Municipal Court
- ☐ Superior Court
- ☐ Appellate Court
- ☐ State Supreme
- ☒ United States District Court
- ☐ United States Circuit Court
- ☐ United States Supreme Court

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

HEALTH CARE SERVICES PHYSICIAN REQUEST FOR SERVICES

(To be completed by requesting Physician and forwarded to Utilization Management Unit)

PATIENT NAME <u>Courson, Daniel</u>	CDC NUMBER <u>F69760</u>	INSTITUTION <u>RJD</u>
DATE OF BIRTH <u>10-6-72</u>	EPRD DATE <u>2013</u>	GENDER <u>M</u>
PRINCIPLE DIAGNOSIS <u>(B) shoulder pain</u>	ICD - 9 CODE	CPT CODE(S)
REQUESTED SERVICE(S) <u>ortho consult</u>	# OF DAYS RECOMMENDED	

Please circle all that apply: Diagnostic Procedure/Consultation Outpatient/Inpatient Initial/Follow-up

Requested Treatment/Service is: EMERGENT URGENT ROUTINE

For the purpose of retrospective review, if emergent or urgent, please justify: _____

Proposed Provider: ortho Anticipated Length of Stay: _____

Expected disposition (i.e.: outpatient follow-up, return to institution, transfer): _____

Medical Necessity (briefly describe the clinical situation; the history of the illness, treatments used, pertinent lab and imaging studies, or questions for the consultant): DM had (B) shoulder injury x 6 wks ago. Xray ordered today. Reports continued pain and ↓ ROM. PE: unable to abduct (B) arm > 25°. Radial pulse intact, cap refill < 2sec. ⊕ equal strength 2 (B) grip. ⊖ bony deformity

Estimated time for service delivery, recovery, rehabilitation and follow-up: _____

Summary of preliminary or diagnostic work up, conservative treatment provided (if applicable, please provide TB code, CD4, viral load, albumin, total protein and dates within last 3 months): _____

Comments (diagrams, risk factors, prognosis, alternative management, etc.): _____

REQUESTING PHYSICIAN PRINTED NAME <u>Dr. Ramos, PK</u>	APPROVED / AUTHORIZED / DENIED / DEFERRED BY <u>Dr. Ramos</u>	DATE <u>4/17/07</u>
REQUESTING PHYSICIAN SIGNATURE <u>Dr. Ramos</u>	DATE <u>4/18/07</u>	Utilization management tracking #: <u>AP-0984</u>
DATE OF CONSULTATION	PRINTED NAME OF CONSULTANT	

FINDINGS: ~~CTA T8A~~RECOMMENDATIONS: MR (B) RAMOS

FOLLOW-UP OR FURTHER EVALUATIONS REQUESTED: _____

CONSULTANT SIGNATURE <u>Dr. Ramos</u>	DATE <u>4/23/07</u>	CDC NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH <u>Courson, Daniel</u> <u>F69760</u>
ETA RN SIGNATURE <u>Dr. Ramos</u>	DATE <u>4/25/07</u>	
PCP SIGNATURE <u>Dr. Ramos</u>	DATE <u>5/12/07</u>	

Attach Progress Note page for additional information.

THIS FORM MUST BE RETURNED WITH THE PATIENT!!!

DISTRIBUTION:

ORIGINAL - FILE IN UHR
GREEN - TO UHR PENDING ORIGINAL
CANARY - CONSULTANT
PINK - UM
GOLD - SPECIALTY SCHEDULER

**NOTE: SEND COPY OF PHYSICIAN'S ORDER FOR MEDICATION
TO PHARMACY AFTER EACH ORDER IS SIGNED.**

[illegible]

Confidential
client information
See W & I Code, Sections 4514 and
5328

PHYSICIAN'S ORDERS

CDC 7221 (2/00)

CDC NUMBER, NAME (LAST, FIRST, MI)

Courson, Daniel

F69760

STATE OF CALIFORNIA
CDC 7362 (Rev. 03/04)

HEALTH CARE SERVICES REQUEST FORM

DEPARTMENT OF CORRECTIONS

PART I: TO BE COMPLETED BY THE PATIENT

A fee of \$5.00 may be charged to your trust account for each health care visit.

If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.

REQUEST FOR: MEDICAL ☒ MENTAL HEALTH ☐ DENTAL ☐ MEDICATION REFILL ☐

NAME: Daniel Courson CDC NUMBER: F69760 HOUSING: F1-3-240u

PATIENT SIGNATURE: [Signature] DATE: 6/15/07

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem)

I was seen by an orthopedist approximately 5 weeks ago for severe ~~left~~ shoulder pain. He ordered an MRI. I have not received it, and have not been receiving any pain medication (Motrin, Methocarbamol). Could I have a refill and when is the MRI?

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM.

PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

☐ Visit is not exempt from \$5.00 copayment. (Send pink copy to Inmate Trust Office.)

PART II: TO BE COMPLETED BY THE TRIAGE REGISTERED NURSE

Date / Time Received: 7/06/16/07 1430 Received by: [Signature]
 Date / Time Reviewed by RN: 7/06/16/07 1430 Reviewed by: [Signature]
 S: SAT Pain Scale: 1 2 3 4 5 6 7 8 9 10

40(R) shoulder pain & stated motrin helps but does not have anymore motrin. & requestly status of MRI scan appt.

O: T: 99 | P: 67 R: 14 BP: 116/74 WEIGHT: 195
 remains chronic (R) shoulder pain per 5-8/10 at times
 Motrin order good til 7/07/07

A: Altered comfort r/t chronic (R) shoulder pain

P: Instructed I/m to continue Motrin as ordered

☐ See Nursing Encounter Form warm compress application, Motrin renew x 90 days

Instructed I/m to complete refill slip for Motrin, & to continue Motrin as ordered. Called Specialty Services spoke to Navales LVN & confirmed

E: request for MRI scan & appt to be scheduled within 1 month as per LVN Navales & I/m informed of above mentioned, & to complete 7362 if I/m verbalized understanding of info given (3x persists)

APPOINTMENT SCHEDULED AS: EMERGENCY (IMMEDIATELY) ☐ URGENT (WITHIN 24 HOURS) ☐ ROUTINE (WITHIN 14 CALENDAR DAYS) ☐

REFERRED TO PCP: DATE OF APPOINTMENT:

COMPLETED BY: [Signature] RN NAME OF INSTITUTION: [Signature]

PRINT / STAMP NAME: [Signature] SIGNATURE / TITLE: [Signature] RN DATE/TIME COMPLETED: 6-19-07 1200

RE: COURSON, Daniel
Date of Examination: April 23, 2007
CDCR No: F69760

Mr. Courson had an injury to his right shoulder when he was at County Jail. He can now barely abduct or forward flex the shoulder and his symptoms are consistent with a rotator cuff tear. We need to get an MRI scan to determine this and I have put in a request for this. We will try to get this scheduled in the near future and I will see him back following the MRI scan.

David G. Smith, M.D.
Diplomate, American Board of Orthopaedic Surgery
Fellow, American Academy of Orthopaedic Surgeons
Qualified Medical Examiner, State of California

DGS:ts/seg

cc: Eileen Tyler, UM Nurse

NOTE: SEND COPY OF PHYSICIAN'S ORDER FOR MEDICATION
TO PHARMACY AFTER EACH ORDER IS SIGNED.

Order Date	Time	Problem #	Physician's Order and Medication (Orders must be dated, timed, and signed.)
6-19-07	1200	1	Continue Motrin medication as ordered
		2	Renew Motrin 600mg T PO q6-8h PRN chronic (R) shoulder pain X 90 days upon expiration 7/18/07
			Noted SD since RN C. C. DUGAN
7/12/07	1340	1	NO SHW
			RL 1-2 hrs
			Veribaxine XR 150mg PO QAM
			Queipine 300mg PO QHS (crush/floor) X 12wks
7/12/07	1400		
			J. PRESTON, MD-RIDCE
			Noted J. Preston MD CDP

ALLERGIES:

NKDA

INSTITUTION

RJD

ROOM/WING

1-3-2404

CDC NUMBER, NAME (LAST, FIRST, MI)

Confidential
client information
See W & I Code, Sections 4514 and
5328

Cowson
F69760
DOB 10-6-72

PHYSICIAN'S ORDERS



Technical Services Provided by:

R.J. DONOVAN CORRECTIONAL FACILITY

480 Alta Road
San Diego, CA 92179

PATIENT NAME: COURSON, DANIEL
DOB: 10/06/77
ID#: F-69760
REFERRED BY: RAMOS
EXAM DATE: 07/25/07

73221 MRI OF THE RIGHT SHOULDER

COMPARISON: Comparison is made with the plain films of the right shoulder of 04/20/07

HISTORY: Right shoulder pain.

TECHNIQUE: Multiplanar multisequence images of the right shoulder obtained.

FINDINGS: There is a partial interstitial tear of the musculotendinous junction of the supraspinatus. In addition, there is a partial articular surface tear of the supraspinatus involving its insertion diffusely. No retraction. Infraspinatus tendon also demonstrates partial articular surface tear at its insertion without retraction. Teres minor tendon in intact. Subscapularis tendon demonstrates a partial interstitial tear at its insertion without retraction.

The biceps tendon appears of normal signal size and course. There is a type 1 flat acromion with mild lateral downsloping and mild degenerative change at the AC joint. No significant joint effusion. There is a small amount of subacromial bursal fluid present. Linear abnormal signal involves the anterior superior labrum seen on the sagittal and the axial views. This is difficult to confirm on the coronal views. I cannot exclude labral tear. In addition, there is small punctuate signal within the posterior superior labrum on the coronal, axial, and sagittal views concerning for small labral tear at this location.

Overlying bony and soft tissue structures unremarkable.

IMPRESSION: Partial tears of the supraspinatus, infraspinatus, and subscapularis tendons without retraction.

Suspect labral tear.

Mild degenerative change of AC joint with slight lateral downsloping of acromion.

Bill Snyder, M.D.

A handwritten signature in black ink, appearing to read "Snyder", is written over the printed name.

8/9
Ortho Flu @ - 8/27
Dr

D: 08/06/07
T: 08/06/07
zi/brr

659240

STATE OF CALIFORNIA
CDC 7362 (Rev. 03/04)

HEALTH CARE SERVICES REQUEST FORM

DEPARTMENT OF CORRECTIONS

PART I: TO BE COMPLETED BY THE PATIENT

A fee of \$5.00 may be charged to your trust account for each health care visit.

If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.

REQUEST FOR: MEDICAL ☒ MENTAL HEALTH ☐ DENTAL ☐ MEDICATION REFILL ☐

NAME: Daniel Courson CDC NUMBER: F69760 HOUSING: F1-3-103u

PATIENT SIGNATURE: [Signature] DATE: 8/6/07

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem)

My right shoulder is very painful, and Motrin does not relieve the pain. I have pain constantly, making it hard to sleep. I just had an MRI, and am waiting to see Dr. Smith for follow up.

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM

PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

☐ Visit is not exempt from \$5.00 copayment. (Send pink copy to Inmate Trust Office.)

PART II: TO BE COMPLETED BY THE TRIAGE REGISTERED NURSE

Date / Time Received: 8-10-07 Received by: [Signature]

Date / Time Reviewed by RN: @ 0900 Reviewed by: [Signature]

S: Pain Scale: 1 2 3 4 5 6 7 8 9 10

O: T: 98.0 P: 74 R: 18 BP: 129/75 WEIGHT: 190

A:

P:

☒ See Nursing Encounter Form Musculoskeletal Complaint

E: Keep f/u appt c Dr. Smith.

APPOINTMENT SCHEDULED AS: EMERGENCY (IMMEDIATELY) ☐ URGENT (WITHIN 24 HOURS) ☐ ROUTINE (WITHIN 14 CALENDAR DAYS) ☐

REFERRED TO PCP: [Signature] DATE OF APPOINTMENT:

COMPLETED BY: [Signature] NAME OF INSTITUTION: [Signature]

PRINT / STAMP NAME: S. VASQUEZ SIGNATURE / TITLE: [Signature] DATE/TIME COMPLETED: 8/13/07 0910

California Department of Corrections

Health Care Services Division

Inst: 200 Encounter Form: Musculoskeletal Complaint (Non-Traumatic)Name: Lowson, D CDC# F 69760 DOB: 10-6-72 Date/Time 8/13/07 @ 0820

Fill in the blanks and check all that apply

SUBJECTIVE:Chief Complaint: (R) shoulder
Date and time of onset: march 2007Pain: Scale of 0-10 (0=no pain 10=worst pain): 9/10Area of pain: (R) shoulderQuality of pain: deep ache shootingWhat makes it better? resting pain when lying onHistory of prior pain / duration: thru into a wall in march 07 @ side☐ Low back pain ☐ Flank painUrinary symptoms: ☐ Urinary frequency ☐ Dysuria☐ Burning on urination ☐ Hematuria☐ Muscle spasms ☐ Numbness ☐ TinglingOther: deniesHistory of chronic illness: ☐ Arthritis ☐ Cancer☐ Diabetes ☐ Blood dyscrasias ☐ Renal DiseaseOther: deniesHistory of: ☐ Fever ☐ Chills ☐ Headache☐ Nausea/Vomiting ☐ Diarrhea ☐ Fatigue☐ Recent Trauma ☐ Other: _____Allergies: AmperCurrent medications: Effexor Serenquel

cramps; muscle weakness with or without fever; warm or acutely swollen, joints)

☐ Urgent ☐ RoutinePhysician notified (name / time): N/APhysician Responded (time): N/A**MUSCLE CRAMPS / EXTREMITY PAIN**☐ Acetaminophen 325mg 2 tabs PO Q4-6 hours PRN

pain while symptoms persist; not to exceed 12 tabs/24hr

☐ Ibuprofen 200mg 1-2 tabs PO Q4-6hrs PRN pain while symptoms persist; not to exceed 6 tabs/24hrs☐ Naproxen Sodium 220mg 2 tabs PO 1st hour; 1 tab Q8-12 hrs PRN pain while symptoms persist; not to exceed 3 tab/24hr☐ Activity as tolerated.**JOINT PAIN / LOW BACK PAIN**☒ Apply (circle one) ice or heat as appropriate.☒ Acetaminophen 325mg 2 tabs PO Q4-6 hours PRN pain while symptoms persist; not to exceed 12 tab/24hrs☐ Ibuprofen 200mg 1-2 tabs PO Q4-6hrs PRN pain while symptoms persist; not to exceed 6 tab/24 hrs☐ Naproxen Sodium 220mg 2 tabs 1st hour; 1 tab PO Q8-12 hrs PRN pain while symptoms persist; not to exceed 3 tab/24hrs☐ Activity as tolerated.☒ Treatment given per RN Protocol: Joint Pain**OBJECTIVE:**☒ Awake, alert, oriented to person, place, timeVital signs: BP: 124/75 Pulse: 74 Resp: 18Temp: 98.0 ☐ Urine dipstickUrinalysis: N/A

Assess areas involved:

Extremity: ☐ Upper ☐ Lower ☒ Right ☐ Left

Describe: Color: _____

☐ Warmth ☐ Tenderness ☐ Swelling:☐ Deformity ☐ Circulation ☐ Sensation☒ ROM Describe: ↓ ROM, unableto liftMuscle: ☐ Atrophy ☐ Hypertrophy ☐ Weakness☐ TremorsGait / Stance (describe): Steady**ASSESSMENT:**☒ Impaired physical mobility related to: ↓ ROM☐ Pain related to / evidenced:**PLAN:**MD referral completed: (circle) NO / YES If yes:☐ STAT (Positive urine dipstick and patient has signs and symptoms consistent with a UTI; alterations in circulation or sensation, new deformity or discoloration, or patient appears ill or has history of fever, chills, headache, nausea, vomiting, or diarrhea; severe muscle**EDUCATION:**Patient instructed in: ☒ Use of medications☒ Level of activity☐ Patient Health Care Education Forms given to patient: (specify) _____☐ Resubmit a Health Care Service Request Form (CDC 7362) if increased swelling or pain; decreased ROM or CSM; or _____☒ Patient verbalized understanding of instructions**DISPOSITION:**Time released: 0905☒ Condition on release: stable☒ Returned to housing unit☐ Housing reassignment to: _____☐ Referred for follow-up☐ Physician clinic ☐ RN clinic☐ Referred to higher level of care: (specify) _____

Person/time contacted: _____

Time/Mode of transfer: N/A

ERV contacted (time): _____

ERV arrived (time): _____

Signature / Title J. Vasquez RN

ALLERGIES:	INSTITUTION RJDC	ROOM/WING 3-103 U
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[illegible]

F69760

CDC 7221 (2/00)
STATE OF CALIFORNIA

STATE OF CALIFORNIA
CDC 7362 (Rev. 03/04)

HEALTH CARE SERVICES REQUEST FORM

DEPARTMENT OF CORRECTIONS

PART I: TO BE COMPLETED BY THE PATIENT

A fee of \$5.00 may be charged to your trust account for each health care visit.

If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.

REQUEST FOR: MEDICAL ☒ MENTAL HEALTH ☐ DENTAL ☐ MEDICATION REFILL ☐

NAME Daniel Courson CDC NUMBER F69760 HOUSING F1-5-202L

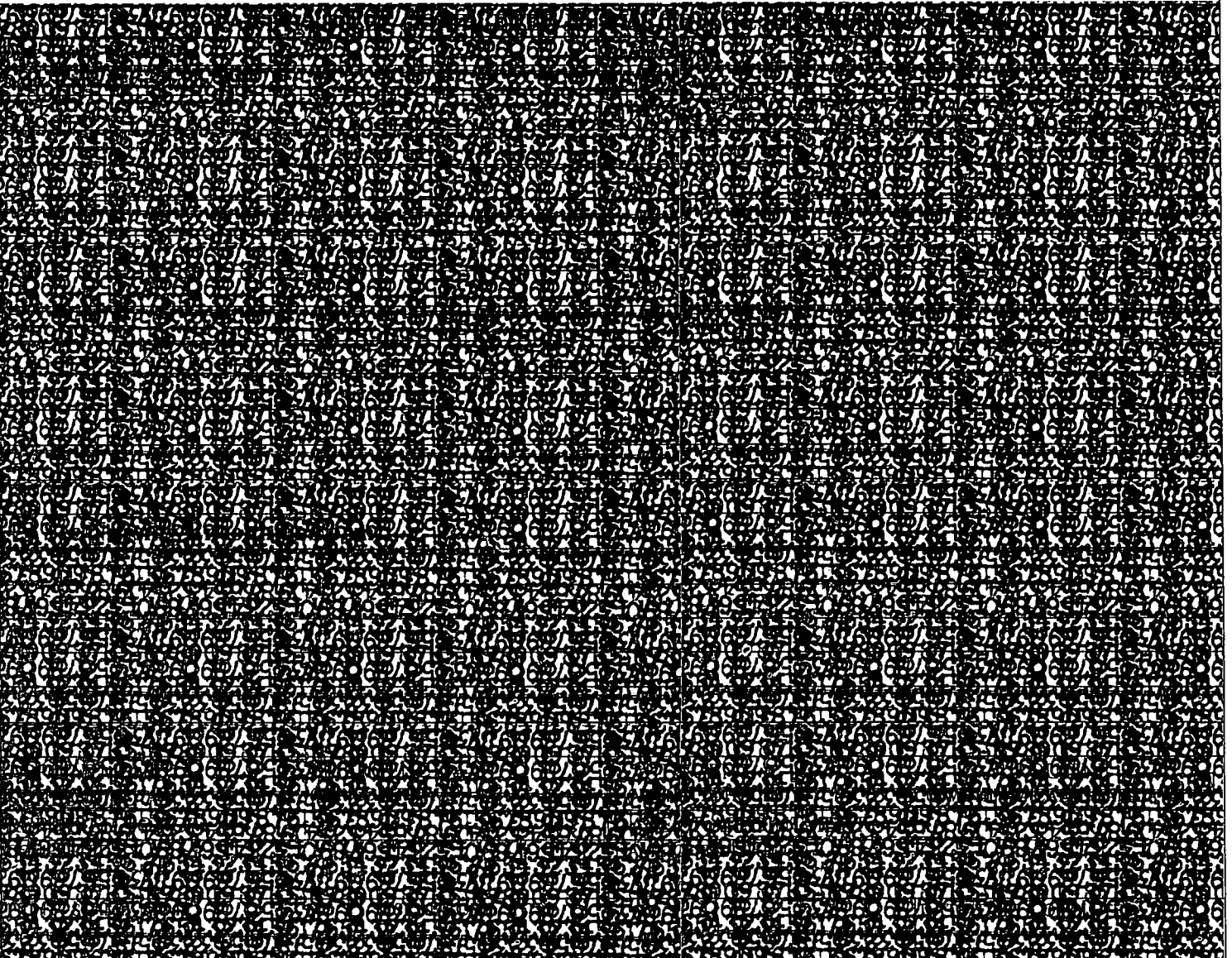
PATIENT SIGNATURE [Signature] DATE 4/8/08

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem) I have a very painful right shoulder rotator cuff tear.

Could I please be seen for some pain meds? I was also supposed to have surgery with Dr. Smith 6 months ago, but was out-to-court for 6 months. Thank you.

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM

PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

☐ Visit is not exempt from \$5.00 copayment. (Send pink copy to Inmate Trust Office.)

1145981

STATE OF CALIFORNIA
CDC 7362 (Rev. 03/04)

HEALTH CARE SERVICES REQUEST FORM

DEPARTMENT OF CORRECTIONS

PART I: TO BE COMPLETED BY THE PATIENT

*A fee of \$5.00 may be charged to your trust account for each health care visit.***If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.**REQUEST FOR: MEDICAL ☒ MENTAL HEALTH ☐ DENTAL ☐ MEDICATION REFILL ☐NAME Courson Daniel CDC NUMBER F69760 HOUSING F1-4-117LPATIENT SIGNATURE [Signature] DATE 5/9/08REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem) I continue to have severe, 10/10 pain in myright shoulder. I can not sleep and am very depressed because
of the pain. Motrin has caused to ease my pain. I am waiting
to see the orthopedic surgeon. when is my follow up & may I
have stronger pain medication please? Thank you.

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM

PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

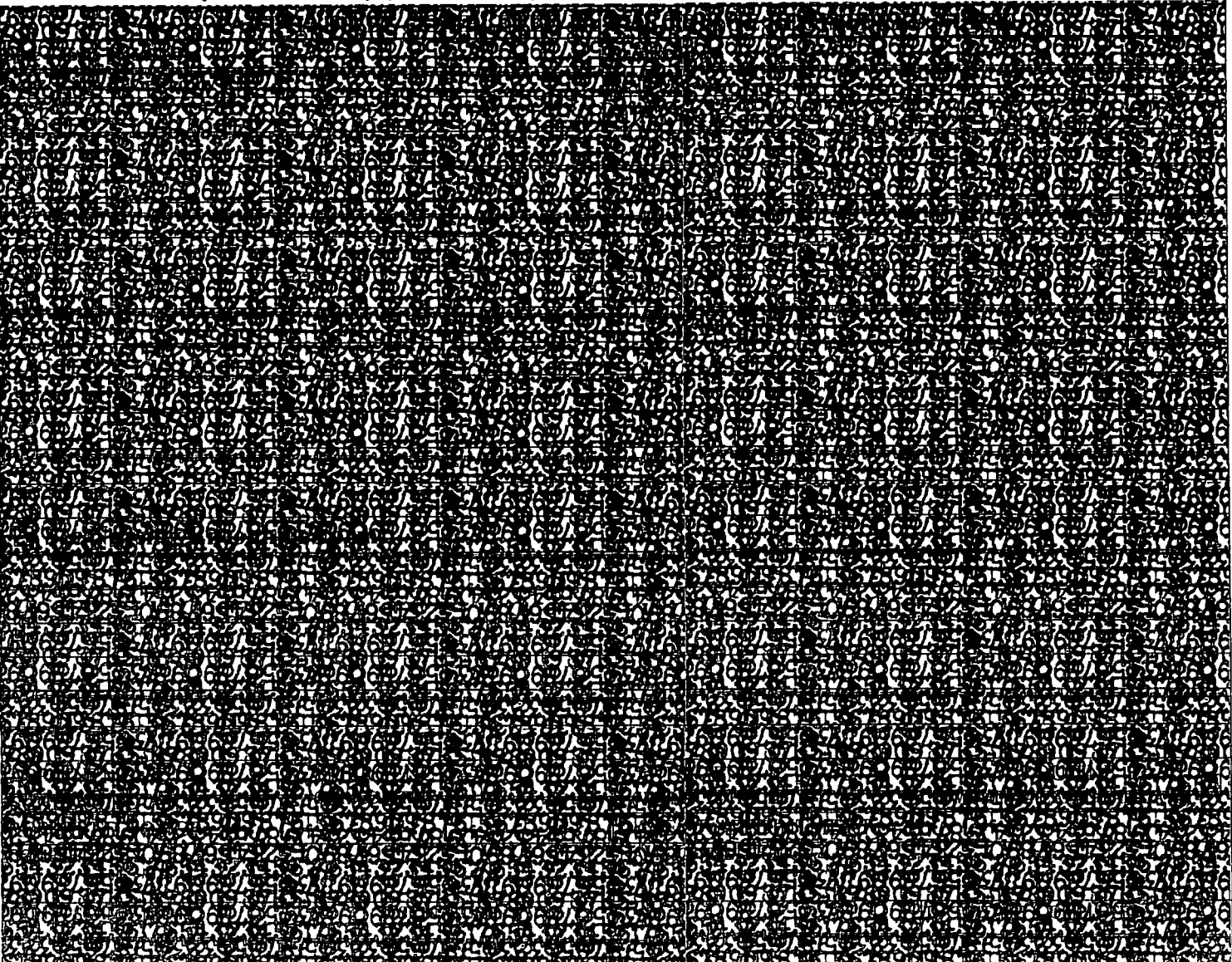
☐ Visit is not exempt from \$5.00 copayment. (Send pink copy to Inmate Trust Office.)

EXHIBIT COVER PAGE

D

EXHIBIT

DESCRIPTION OF THIS EXHIBIT:

SDSD Incident report from 03-18-07, George Bailey Detention Facility.

NUMBER OF PAGES TO THIS EXHIBIT: 1 **PAGES.**

JURISDICTION: (Check only one)

- ☐ CDCR Administrative Appeal
- ☐ California Victim Compensation
And Government Claims Board
- ☐ Municipal Court
- ☐ Superior Court
- ☐ Appellate Court
- ☐ State Supreme
- ☒ United States District Court
- ☐ United States Circuit Court
- ☐ United States Supreme Court

SAN DIEGO SHERIFFS DEPARTMENT

Incident Report

Cell # 109

Incident #: 74004759

Incident Dt/Tm: 03-18-2007 0137

Incident Type Code: 102 Disobeyed Staff Instructions
 Additional Code 2: 101 Disrespect to Staff
 Additional Code 3: 703 Obstructing Door/Window/Flap/

Participants

Name (L,F,M,S)	JIM/Book #	Facility	Area	HU	Cell	Bed	Inv
ORSINGHER, TOM A.	100057450 / 6436912	3	5	C	235	T	O
NO COMMISSARY 4 WEEKS		03-18-2007 0700		04-15-2007 0700			
COURSON, DANIEL D.	700044683 / 6441556	3	5	A	109	B	O
DISCIPLINARY ISOLATION 10 DAYS		03-18-2007 0700	03-28-2007 0700				
DISCIPLINARY ISOLATION 10 DAYS		03-18-2007 0700	03-28-2007 0700				
NO COMMISSARY 4 WEEKS		03-18-2007 0700	04-15-2007 0700				

Incident Occurred:

Fac: 3

Area: 5

HU: C

Location: Cell #235

Officer: DCOCHRSH, COCHRAN

Submitted Dt/Tm: 03-18-2007 0139

Update By: EESPINSH, ESPINOZA

Update Dt/Tm: 03-18-2007 0154

Supervisor: EESPINSH, ESPINOZA

Approval Dt/Tm: 03-18-2007 0154

Use of force? N

CS Violence? N

Inmate Violence? N

Contraband? N

Facility Damage? N

Disciplinary? Y

Hearing Required? Y

Action Taken:

Rvr written

Approval Action:

92101-3219

619-238-6776

Letters:

E.C. Carol Trujillo

Chair

Robert Winsel

Vice Chair

Otto

Emma

requested camera a Sgt. for arm injury 3/20/07 11:00 p.m.
 Deputy said when Sgt. arrives. Called again at 12:00 AM.
 Same reply, Dpt. gave nonsense answer for name, yppk.
 10 times, mocking me.

- After asking for name again, nonsense name given, then told

EXHIBIT COVER PAGE

E

EXHIBIT

DESCRIPTION OF THIS EXHIBIT:

Notice of Rejection of Claim from San Diego County

NUMBER OF PAGES TO THIS EXHIBIT: 2 PAGES.

JURISDICTION: (Check only one)

- ☐ CDCR Administrative Appeal
- ☐ California Victim Compensation
And Government Claims Board
- ☐ Municipal Court
- ☐ Superior Court
- ☐ Appellate Court
- ☐ State Supreme
- ☒ United States District Court
- ☐ United States Circuit Court
- ☐ United States Supreme Court



County of San Diego

OFFICE OF COUNTY COUNSEL
CLAIMS AND INVESTIGATION DIVISION
1600 PACIFIC HIGHWAY, ROOM 355, SAN DIEGO, CALIFORNIA 92101-2469

August 24, 2007

Daniel David Courson
#F69760 F1-3-240U
P.O. Box 799001
San Diego, CA 92179-9001

Re: Claimant: Daniel David Courson
County File Number: 070256
Date of Incident: March 18, 2007

SUBJECT: NOTICE OF REJECTION OF CLAIM

The subject claim has been received by the Claims Division for investigation and a determination of liability, if any.

The liability of a governmental entity and its employees to a person who claims damages is strictly limited by the laws of the State of California. Your claim has been reviewed within the terms and restrictions of those laws.

Because no formal denial has been issued by the County of San Diego within the forty-five (45) day period as prescribed by California Government Code Section 912.4, your claim is deemed rejected by operation of that law.

WARNING

Subject to certain exceptions, you have only six (6) months from the date this notice was personally delivered or deposited in the mail to file a court action on those causes of action recognized under the California Tort Claims Act. See Government Code Section 945.6.

You may seek the advice of an attorney of your choice in connection with this matter. If you desire to consult an attorney, you should do so immediately.

Sincerely,

Office of County Counsel
Claims and Investigation Division
(619) 531-4899

May 19, 2008

Dear Clerk of U.S. District Court:

The purpose of this letter is to address the alleged late filing of this complaint, according to the Notice of Rejection of Claim I received from the San Diego County Office of County Counsel, Claims and Investigation Division, which was mailed to me Aug. 24, 2007. I received this notice on Sept. 4, 2007, at R.J. Donovan State Prison.

On Sept. 7, 2007, I was transferred to Theo Lacy Facility Jail in Orange County, CA, to face charges in that county. I was not allowed to bring my legal documents, or any personal property from RJD to TLF jail. I was not allowed to visit the law library at TLF jail, and I had no meaningful access to legal resources for nearly six months. It was also very difficult to contact my family by phone, as there were frequent and sustained lockdowns at TLF jail. I was finally transferred back to RJD State Prison on March 21, 2008, and my personal property (including complaint-related legal documents) was returned to me on April 4, 2008.

I then applied for a certified trust account statement on April 9, 2008, but did not receive it until May 11, 2008, again delaying my ability to file a timely request for In Forma Pauperis status, and consequently, to file my complaint.

According to the notice of rejection of claim from San Diego County, I had only six months from Aug. 24, 2007 to file a complaint, subject to certain exceptions. However, CA Code of Civil Procedures §335.1 states that I have two years to file a personal injury complaint. Also, as an inmate, I have been delayed in filing my complaint by custody-related issues as described above.

Please take these issues into consideration regarding the filing of my complaint. Thank you very much for your consideration.

Sincerely:



Daniel D. Courson F69760
F1-4-114
P.O. Box 799001
San Diego, CA 92179-9001

VERIFICATIONSTATE OF CALIFORNIA
COUNTY OF SAN DIEGO

(C.C.P. SEC. 446 & 2015.5; 28 U.S.C. SEC. 1746)

I, Daniel D. Courson DECLARE UNDER THE PENALTY OF PERJURY
 THAT: I AM THE Declarant/Prisoner IN THE ABOVE ENTITLED ACTION;
 I HAVE READ THE FOREGOING DOCUMENTS AND KNOW THE CONTENTS THEREOF AND THE SAME IS
 TRUE OF MY OWN KNOWLEDGE, EXCEPT AS TO MATTERS STATED THEREIN UPON INFORMATION, AND
 BELIEF, AND AS TO THOSE MATTERS, I BELIEVE THEM TO BE TRUE.

EXECUTED THIS 12th DAY OF May, 2008, AT R.J.D.
 STATE PRISON, 480 Alta Road, San Diego, CA 92179

(SIGNATURE)

(DECLARANT/PRISONER)

PROOF OF SERVICE BY MAIL

(C.C.P. SEC. 1013 (a) & 2015.5; 28 U.S.C. SEC. 1746)

I, Steve Levy, AM A RESIDENT OF R.J.D. STATE PRISON, IN THE COUNTY
OF S.D. STATE OF CALIFORNIA; I AM OVER THE AGE OF EIGHTEEN (18) YEARS OF AGE AND ~~AM~~ I AM
 NOT A PARTY OF THE ABOVE-ENTITLED ACTION. MY STATE PRISON ADDRESS IS: B 95583-FI-4-122 L
RJD State Prison 480 Alta Rd. San Diego, CA 92179.

ON May 12, 2008, I SERVED THE FOREGOING:

Complaint to Federal District Court and motion for In Forma
Pauperis Status.

(SET FORTH EXACT TITLE OF DOCUMENTS SERVED)

ON THE PARTY(S) HEREIN BY PLACING A TRUE COPY(S) THEREOF, ENCLOSED IN A SEALED ENVELOPE
 (S), WITH POSTAGE THEREON FULLY PAID, IN THE UNITED STATES MAIL, IN A DEPOSIT BOX SO
 PROVIDED AT Richard J. Donovan Correctional Facility

to:

Clerk of U.S. District Court
 Room 4290
 880 Front St.
 San Diego, CA 92101-8900

THERE IS DELIVERY SERVICE BY UNITED STATES MAIL AT THE PLACE SO ADDRESSED, AND THERE IS
 REGULAR COMMUNICATION BY MAIL BETWEEN THE PLACE OF MAILING AND THE PLACE SO
 ADDRESSED. I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

DATE: 5/12/08

(DECLARANT/PRISONER)

ORIGINAL

JS 44 (Rev. 11/04)

CIVIL COVER SHEET

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON THE REVERSE OF THE COVER SHEET.)

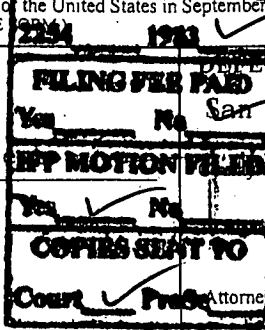
I. (a) PLAINTIFFS

Daniel David Coursen

(b) County of Residence of First Listed Plaintiff San Diego
(EXCEPT IN U.S. PLAINTIFF CASES)

(c) Attorney's (Firm Name, Address, and Telephone Number)

none

**DEFENDANTS**

San Diego Sheriff's Deputies Cochran, Espinoza

NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE LAND INVOLVED.

08 CV 0871 JAH LSP**II. BASIS OF JURISDICTION** (Place an "X" in One Box Only)

- ☐ 1 U.S. Government Plaintiff
- ☒ 2 U.S. Government Defendant
- ☐ 3 Federal Question (U.S. Government Not a Party)
- ☐ 4 Diversity (Indicate Citizenship of Parties in Item III)

III. CITIZENSHIP OF PRINCIPAL PARTIES (Place an "X" in One Box for Plaintiff and One Box for Defendant)

- | | | | | |
|----------------------------|----------------------------|---|----------------------------|----------------------------|
| PTF | DEF | | PTF | DEF |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | Citizen of This State | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | Citizen of Another State | <input type="checkbox"/> 5 | <input type="checkbox"/> 5 |
| <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | Citizen or Subject of a Foreign Country | <input type="checkbox"/> 6 | <input type="checkbox"/> 6 |

IV. NATURE OF SUIT (Place an "X" in One Box Only)

CONTRACT	TORTS	FORFEITURE/PENALTY	BANKRUPTCY	OTHER STATUTES
<input type="checkbox"/> 110 Insurance <input type="checkbox"/> 120 Marine <input type="checkbox"/> 130 Miller Act <input type="checkbox"/> 140 Negotiable Instrument <input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment <input type="checkbox"/> 151 Medicare Act <input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excl. Veterans) <input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits <input type="checkbox"/> 160 Stockholders' Suits <input type="checkbox"/> 190 Other Contract <input type="checkbox"/> 195 Contract Product Liability <input type="checkbox"/> 196 Franchise	PERSONAL INJURY <input type="checkbox"/> 310 Airplane <input type="checkbox"/> 315 Airplane Product Liability <input type="checkbox"/> 320 Assault, Libel & Slander <input type="checkbox"/> 330 Federal Employers' Liability <input type="checkbox"/> 340 Marine <input type="checkbox"/> 345 Marine Product Liability <input type="checkbox"/> 350 Motor Vehicle <input type="checkbox"/> 355 Motor Vehicle Product Liability <input type="checkbox"/> 360 Other Personal Injury	<input type="checkbox"/> 362 Personal Injury - Med. Malpractice <input type="checkbox"/> 365 Personal Injury - Product Liability <input type="checkbox"/> 368 Asbestos Personal Injury Product Liability PERSONAL PROPERTY <input type="checkbox"/> 370 Other Fraud <input type="checkbox"/> 371 Truth in Lending <input type="checkbox"/> 380 Other Personal Property Damage <input type="checkbox"/> 385 Property Damage Product Liability	<input type="checkbox"/> 610 Agriculture <input type="checkbox"/> 620 Other Food & Drug <input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881 <input type="checkbox"/> 630 Liquor Laws <input type="checkbox"/> 640 R.R. & Truck <input type="checkbox"/> 650 Airline Regs. <input type="checkbox"/> 660 Occupational Safety/Health <input type="checkbox"/> 690 Other	<input type="checkbox"/> 422 Appeal 28 USC 158 <input type="checkbox"/> 423 Withdrawal 28 USC 157 PROPERTY RIGHTS <input type="checkbox"/> 820 Copyrights <input type="checkbox"/> 830 Patent <input type="checkbox"/> 840 Trademark
REAL PROPERTY <input type="checkbox"/> 210 Land Condemnation <input type="checkbox"/> 220 Foreclosure <input type="checkbox"/> 230 Rent Lease & Ejectment <input type="checkbox"/> 240 Torts to Land <input type="checkbox"/> 242 Tort Product Liability <input type="checkbox"/> 290 All Other Real Property	CIVIL RIGHTS <input type="checkbox"/> 441 Voting <input type="checkbox"/> 442 Employment <input type="checkbox"/> 443 Housing/Accommodations <input type="checkbox"/> 444 Welfare <input type="checkbox"/> 445 Amer. w/Disabilities - Employment <input type="checkbox"/> 446 Amer. w/Disabilities - Other <input type="checkbox"/> 440 Other Civil Rights	PRISONER PETITIONS <input type="checkbox"/> 510 Motions to Vacate Sentence Habeas Corpus: <input type="checkbox"/> 530 General <input type="checkbox"/> 535 Death Penalty <input checked="" type="checkbox"/> 540 Mandamus & Other <input checked="" type="checkbox"/> 550 Civil Rights <input type="checkbox"/> 555 Prison Condition	LABOR <input type="checkbox"/> 710 Fair Labor Standards Act <input type="checkbox"/> 720 Labor/Mgmt. Relations <input type="checkbox"/> 730 Labor/Mgmt. Reporting & Disclosure Act <input type="checkbox"/> 740 Railway Labor Act <input type="checkbox"/> 790 Other Labor Litigation <input type="checkbox"/> 791 Empl. Ret. Inc. Security Act	<input type="checkbox"/> 400 State Reapportionment <input type="checkbox"/> 410 Antitrust <input type="checkbox"/> 430 Banks and Banking <input type="checkbox"/> 450 Commerce <input type="checkbox"/> 460 Deportation <input type="checkbox"/> 470 Racketeer Influenced and Corrupt Organizations <input type="checkbox"/> 480 Consumer Credit <input type="checkbox"/> 490 Cable/Sat TV <input type="checkbox"/> 810 Selective Service <input type="checkbox"/> 850 Securities/Commodities/Exchange <input type="checkbox"/> 875 Customer Challenge 12 USC 3410 <input type="checkbox"/> 890 Other Statutory Actions <input type="checkbox"/> 891 Agricultural Acts <input type="checkbox"/> 892 Economic Stabilization Act <input type="checkbox"/> 893 Environmental Matters <input type="checkbox"/> 894 Energy Allocation Act <input type="checkbox"/> 895 Freedom of Information Act <input type="checkbox"/> 900 Appeal of Fee Determination Under Equal Access to Justice <input type="checkbox"/> 950 Constitutionality of State Statutes
		SOCIAL SECURITY <input type="checkbox"/> 861 HIA (1395ff) <input type="checkbox"/> 862 Black Lung (923) <input type="checkbox"/> 863 DIWC/DIWW (405(g)) <input type="checkbox"/> 864 SSID Title XVI <input type="checkbox"/> 865 RSI (405(g))	FEDERAL TAX SUITS <input type="checkbox"/> 870 Taxes (U.S. Plaintiff or Defendant) <input type="checkbox"/> 871 IRS—Third Party 26 USC 7609	

V. ORIGIN

(Place an "X" in One Box Only)

- ☒ 1 Original Proceeding
- ☐ 2 Removed from State Court
- ☐ 3 Remanded from Appellate Court
- ☐ 4 Reinstated or Reopened
- ☐ 5 Transferred from another district (specify)
- ☐ 6 Multidistrict Litigation
- ☐ 7 Appeal to District Judge from Magistrate Judgment

VI. CAUSE OF ACTION

Cite the U.S. Civil Statute under which you are filing (Do not cite jurisdictional statutes unless diversity):

42 U.S.C. § 1983

Brief description of cause:

Violation of plaintiff's right to freedom from cruel/unusual punishment

VII. REQUESTED IN COMPLAINT:

☐ CHECK IF THIS IS A CLASS ACTION UNDER F.R.C.P. 23

DEMANDS: 100,000

CHECK YES only if demanded in complaint:

JURY DEMAND: ☒ Yes ☐ No**VIII. RELATED CASE(S) IF ANY**

(See instructions):

JUDGE

DOCKET NUMBER

DATE

SIGNATURE OF ATTORNEY OF RECORD

5/12/08

none

FOR OFFICE USE ONLY

RECEIPT # _____ AMOUNT _____ APPLYING IFP _____ JUDGE _____ MAG. JUDGE _____

CR